

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT

FILING DATE

10/55/103

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7		3					57						
8		3					58						
9	1						59						
10		1					60						
11							61						
12							62						
13							63						
14							64						
15							65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20							70						
21							71						
22							72						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	8		↓		↓				↓		↓		↓
TOTAL DEP.	22		↖		↖				↖		↖		↖
TOTAL CLAIMS	30												

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